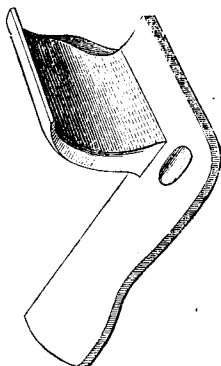


It therefore occurred to me to add to the inside angular splint a piece shaped like the arm-part of the anterior angular splint, and this is the simple principle of the splint I now exhibit. The thick inner edge of the hollowed anterior part is fastened by nails to the edge of the upper portion of the inside splint. Its lower edge is carefully cut away, rounded, and smoothed to fit across the bend of the elbow. Its upper edge is pared down internally so as to form with that of the inside splint a line corresponding to the shape of the anterior wall of the axilla. It is upon the correctness of these lines above and below that the accuracy of the fit of the whole splint depends, and hence also its comfort and efficiency.



The annexed sketch will serve to illustrate still further the explanation now given, although the part for the anterior face of the arm is represented very much too wide. I am in the habit of having the splint made upon a rather large measurement, cutting it down to fit each

special case. Several times I have had it made by carpenters entirely unused to splint making, but have had no difficulty in giving them the idea.

The patient's comfort is further promoted by cutting away the under edge of the forearm part of the splint so as to allow the hand to be somewhat abducted, as in Bond's splint. The hollow at *c* for the inner condyle is important in this as in all the other internal angular splints. Should the condyle be very prominent, or the arm very thin, it is better to make a hole here, rounding its edges very carefully.

*Dec. 7. Death from Hemorrhage caused by a Sharp Sequestrum cutting the Popliteal Artery.* Dr. HUNT reported the following case:—

J. P., aged 19, was admitted to the Pennsylvania Hospital Nov. 9, 1864, after an alarming hemorrhage, which came through sinuses communicating with dead bone in the popliteal space. His countenance was pale and anxious, pulse frequent, quick, and small, tongue glazed, dry, and aphthous, respiration hurried, bowels costive, and abdomen meteoric. He had slight delirium at night, and constant jactitation. Old sinuses and cicatrices pointed to necrosis, the origin of which was uncertain, but was supposed to have been first caused by a fall on the ice in the winter of 1861–2. As there was no bleeding at the time of admission, the full extent of the necrosis was not ascertained, as a thorough exploration would have endangered a return of the hemorrhage. Perfect rest, nourishing food, persulphate of iron, and chlorate of potash were prescribed. A bandage was applied to the limb, which had become œdematous, and it was also elevated. At this time slight pulsation could be detected in the tibial arteries. On consultation it was determined that if the hemorrhage returned to etherize the patient, open the wound, and amputate or ligate, according to the results of the exploration. The patient's comfort was greatly improved, but his general condition cannot be said to have responded to the treatment. The condition of hydræmia into which he was thrown from the great loss of blood before entering the hospital, gave very poor hopes of recovery.

A drop of his blood on a glass slide, spread over a much greater space and coagulated in much wider meshes than healthy blood.

Under the microscope there was a marked diminution of red and an increase of white corpuscles. On Sunday, Nov. 20th, an alarming hemorrhage commenced, but it was promptly checked by compresses and the tourniquet. From this time pulsation in the tibial vessels entirely ceased. The patient was so weak as to forbid operation when the attending surgeon arrived.

On Tuesday following, about three ounces of blood were lost, after which the patient gradually sank and died on Wednesday night. The whole amount of blood lost, while in the hospital, did not exceed six or eight fluid ounces.

*Autopsy*—No examination of the viscera permitted. The connective tissue around the wound was infiltrated with serum and lymph. The muscular interspaces were filled with decomposing blood, and broken down tissues, including those of the nerves and bloodvessels, which were involved in the general pulpy mass. An external sinus communicated directly with the femur, which was partly denuded, and on the posterior surface of which was a large cloaca with thickened and rounded edges; from this there projected inwards and downwards a very sharp *movable sequestrum*, which was three inches in length, and which compressed and finally cut across the main artery directly after its passage through the great adductor tendon. The medullary cavity was obliterated for the space of two inches above the seat of disease. The specimen is in the museum of the College of Physicians.

*On the Use of the Sulphite of Soda in the Treatment of Erysipelas.*

Dr. ADDINELL HEWSON stated that he had been using the solution of sulphite of soda as a local application in erysipelas since February, 1864, and had obtained results from it in the various forms of that disease which were to him both interesting and surprising. He had been induced to try it from the representations made by Prof. Polli of its influence in destroying all disease of a cryptogamic or animalcular origin—a source to which recent researches would lead us to suppose erysipelas was due. At first he administered it internally, in doses of ten grains every two hours, as well as applied it locally, but the effects of the local use were so prompt and decided that he has now abandoned its internal use altogether as unnecessary. In extensive trials of this remedy, both in hospital and private practice, he has never seen it fail when thoroughly applied before the deep planes of cellular tissue had been invaded by the disease. Under the latter circumstance no positive curative results were of course to be expected from its mere external use. But before such parts had become affected a solution of ten grains of this salt to the ounce of water when thoroughly applied on lint all over the surface affected and to a considerable distance beyond it and covered with oiled silk to prevent the evaporation of the solution, had not only produced a decided bleaching effect on the discoloured surface in every such instance in the first twenty-four hours of its use, but had invariably destroyed all traces of the disease in forty-eight hours from its first application. The result was the same whether the application was made in the traumatic or idiopathic form of the disease. He had thus cured twenty-seven cases, seven of which were of idiopathic erysipelas. Even in the cases where the deep planes of cellular tissue were involved as well as the surface, the disease on the surface was always apparently affected by the application. It was most positively bleached in all instances, and in